

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002195

STATE FILE NUMBER

AMENDED

Registration District No. 186

Primary Registration District No. 3026

Registrar's No. 40

FILED JAN 30 1962

| | | | | | | | |
|--|--|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence | | Length of stay in 1b 45 years | | c. CITY OR TOWN Independence | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanit. & Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 628 Lake Drive | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Georgia Middle M. Last Schley | | | | 4. DATE OF DEATH Month Jan Day 20 Year 1962 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 3-25-1890 | |
| 9. AGE (last birthday) 71 | | IF UNDER 1 YEAR Months 71 Days 71 | | IF UNDER 24 HR Hours 71 Min. 71 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Clerk | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY Macy's Store | | 11. BIRTHPLACE (City and state or country) Hopkins, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME John Tatman | | | 13b. MOTHER'S MAIDEN NAME Cora Greenlee | | | 14. NAME OF HUSBAND OR WIFE John Schley | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 16. SOCIAL SECURITY NO. --- | | 17. INFORMANT Address 4340 Wyandotte Frank Livasy Kansas City, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO (b) Coronary occlusion DUE TO (c) Coronary Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour --- a.m. --- p.m. | | Month, Day, Year 1/15/62 | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY Independence STATE Missouri | |
| 21. I attended the deceased from 1/15/62 to 1/20/62 and last saw him alive on 1/20/62 Death occurred at 10229 Independence Ave. Independence, Mo. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Printed or title) Field W. Hinkley, M.D. | | | | 22b. ADDRESS 10229 Independence Ave. Independence, Mo. | | 22c. DATE SIGNED 1-20-62 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Jan. 22, 1962 | | 23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery | | 23d. LOCATION (City, town, or county) (State) Independence, Missouri | |
| 24. FUNERAL DIRECTOR Geo. C. Carson & Sons | | | | ADDRESS Independence, Mo. | | 25. DATE RECD. BY LOCAL REG. 1-21-62 | |
| 26. REGISTRAR'S SIGNATURE Alba L. Craig | | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4534

P. O. Address Subaly W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.